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NAMI

Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: NAMI - OREGON

Number and street (or P O box, if mail is not delivered to street address): 3550 SE WOODWARD ST

Room/suite:

City or town, state or country, and ZIP + 4: PORTLAND OR 97202

D Employer identification number: 93-0875209

E Telephone number: 503-230-8009

F Group Exemption Number ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ www.nami.org

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 442,571

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	282,041
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments See Statement 1		3	10,658
	4	Investment income		4	161
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 149,123		
	b	Less direct expenses other than fundraising expenses	6b 122,023		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	27,100
	7a	Gross sales of inventory, less returns and allowances	7a 538		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	538
	8	Other revenue (describe ▶ See Statement 2)		8	50
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	320,548
Expenses	10	Grants and similar amounts paid (attach schedule) Stmt 3		10	15,000
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	112,031
	13	Professional fees and other payments to independent contractors		13	39,096
	14	Occupancy, rent, utilities, and maintenance		14	13,000
	15	Printing, publications, postage, and shipping		15	12,462
	16	Other expenses (describe ▶ See Statement 4)		16	45,487
	17	**Total expenses.** Add lines 10 through 16 ▶		17	237,076
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	83,472
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	12,158
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	95,630

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	25,658	22	128,356
23 Land and buildings		23	
24 Other assets (describe ▶ See Statement 5)		24	635
25 Total assets	25,658	25	128,991
26 Total liabilities (describe ▶ See Statement 6)	13,500	26	33,361
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,158	27	95,630

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

DAA

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

See Statement 7

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 See Statement 8

(Grants $ 15,000) If this amount includes foreign grants, check here ▶ [X] **28a** 187,519

29

(Grants $) If this amount includes foreign grants, check here ▶ [ ] **29a**

30

(Grants $) If this amount includes foreign grants, check here ▶ [ ] **30a**

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ [ ] **31a**

32 Total program service expenses (add lines 28a through 31a) ▶ **32** 187,519

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
STAN BAUMHOFER 3550 SE WOODWARD STREET PORTLAND OR 97202	TREASURER 2.50	0	0	0
MICHAEL DUGAN 3550 SE WOODWARD STREET PORTLAND OR 97202	BOARD MEMBER 2.50	0	0	0
RACHEL PETZOLD 3550 SE WOODWARD STREET PORTLAND OR 97202	SECRETARY 2.50	0	0	0
KIM SCHNEIDERMAN 3550 SE WOODWARD STREET PORTLAND OR 97202	PRESIDENT 2.50	0	0	0
SHERYL PETERSON 3550 SE WOODWARD STREET PORTLAND OR 97202	BOARD MEMBER 2.50	0	0	0
GARY SMITH 3550 SE WOODWARD STREET PORTLAND OR 97202	BOARD MEMBER 2.50	0	0	0
VINCE SALVI 3550 SE WOODWARD STREET PORTLAND OR 97202	BOARD MEMBER 2.50	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a 24,000	37b		X
b	Did the organization file **Form 1120-POL** for this year?			
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations *Did the organization engage in any section 4958 excess benefit* transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ OR

42a The organization's books are in care of ▶ STAN BAUMHOFER Telephone no ▶ 503-230-8009

Located at ▶ 3550 SE WOODWARD ST PORTLAND, OR ZIP + 4 ▶ 97202

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ▶ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer 5/26/10 Date

Executive Director, Chris Bourneff

Type or print name and title

Paid Preparer's Use Only

Preparer's signature John L. Puttman, CPA | Date 05/26/10 | Check if self-employed ▶ ☐ | Preparer's Identifying Number (See instr) P00001758

Firm's name (or yours if self-employed), address, and ZIP + 4: Puttman & Teague, LLP, 5200 SW Macadam Ave., Suite 470, Portland, OR 97239-3836

EIN ▶ 93-1229062

Phone no ▶ 503-221-5117

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
NAMI - OREGON	93-0875209

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i) (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
11g(ii) (ii) A family member of a person described in (i) above?		
11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

DAA

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33 1/3 % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	363,175	389,369	212,984	192,618	282,041	1,440,187
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	25,710					25,710
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	388,885	389,369	212,984	192,618	282,041	1,465,897
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year	20,710					20,710
c Add lines 7a and 7b	20,710					20,710
8 **Public support** (Subtract line 7c from line 6)						1,445,187

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	388,885	389,369	212,984	192,618	282,041	1,465,897
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17	31		2	161	211
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	17	31		2	161	211
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	417		1,945	1,222	50	3,634
13 **Total support.** (Add lines 9, 10c, 11, and 12)	389,319	389,400	214,929	193,842	282,252	1,469,742

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.33%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	97.85%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part III, Line 12 - Other Income Detail

OTHER INCOME	$	3,634

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047
2009
Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization	Employer identification number
NAMI - OREGON	93-0875209

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A .Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ▶ ☐ if the filing organization belongs to an affiliated group.

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	24,000	
c Total lobbying expenditures (add lines 1a and 1b)	24,000	
d Other exempt purpose expenditures	247,942	
e Total exempt purpose expenditures (add lines 1c and 1d)	271,942	
f Lobbying nontaxable amount Enter the amount from the following table in both columns.	54,388	
g Grassroots nontaxable amount (enter 25% of line 1f)	13,597	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	62,605	85,995	49,613	54,388	252,601
b Lobbying ceiling amount (150% of line 2a, column(e))					378,902
c Total lobbying expenditures	8,615	5,607	26,061	24,000	64,283
d Grassroots nontaxable amount	15,651	21,499	12,403	13,597	63,150
e Grassroots ceiling amount (150% of line 2d, column (e))					94,725
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Part IV Supplemental Information (continued)

Special Events Schedule

Form **990**

For calendar year 2009, or tax year beginning , and ending

2009

Name

NAMI - OREGON

Employer Identification Number

93-0875209

	(A)	(B)	(C)	Others	Total
Gross receipts	74,317	71,896	2,910	0	149,123
Less contributions	0	0	0	0	0
Gross revenue	74,317	71,896	2,910	0	149,123
Less direct expenses	50,127	71,896	0	0	122,023
Net income (loss)	24,190	0	2,910	0	27,100

Description: (A) NAMI WALK

(B) NAMI WALK-AFFILIATES

(C) ANNUAL CONFERENCE

Others

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES-GENERAL	$ 4,733
MEMBERSHIP DUES-AFFILIATES	5,925
Total	$ 10,658

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
MISCELLANEOUS	$ 50
Total	$ 50

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

Name and Address	Class of Activity	Date of Gift	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
NAMI CLACKAMAS COUNTY PO BOX 3179, OREGON CITY, OR 97045		10/29/09		10,000				
Total				10,000				

Federal Statements

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	$
Advertising and Promotion	8,208
OFFICE SUPPLIES AND POSTAGE	4,634
Travel	7,262
Conferences/Meetings	14,646
Insurance	1,891
PAYROLL FEES	960
TELEPHONE	4,284
EQUIPMENT	428
MISCELLANEOUS EXPENSES	119
MEMBER DUES DISCOUNT	788
FEES	2,267
Total	$ 45,487

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Prepaid Expenses and Deferred Charges	$	$ 635
FURNITURE & FIXTURES	11,958	11,958
Less Accumulated Depreciation	11,958	11,958
COOLER	6,480	
Less Accumulated Depreciation	6,480	
COMPUTER	835	
Less Accumulated Depreciation	835	
COMPUTER	855	
Less Accumulated Depreciation	855	
SHARP COPIER	5,014	
Less Accumulated Depreciation	5,014	
COMPUTER	750	
Less Accumulated Depreciation	750	
COMPUTER	950	
Less Accumulated Depreciation	950	
		635

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	$ 13,500	$ 33,361
	13,500	33,361

Federal Statements

Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description
SUPPORT EDUCATION AND ADVOCACY FOR PEOPLE WITH MENTAL ILLNESS.

Statement 8 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description
NAMI-OREGON EDUCATES THE PUBLIC ABOUT MENTAL ILLNESS AND ITS EFFECTS AND TREATMENT. NAMI-OREGON ALSO HELPS PROMOTE AWARENESS OF MENTAL ILLNESS AND ITS EFFECTS TO THE LEGISLATURE.

Federal Statements

Special Events Direct Expenses

Description	Amount
Column A	$
NAMI WALK	
Salaries and Wages	8,600
Employee Benefits	781
Payroll Taxes	874
Supplies	444
Telephone	856
Occupancy	2,600
Printing and Publications	1,101
Travel	534
Conferences and Meetings	15,276
NAMI NATIONAL WALK CONT.	15,261
Advertising	3,800
SubTotal	50,127
Column Others	
NAMI WALK-AFFILIATES	
DISTRIBUTED TO AFFILIATES	71,896
SubTotal	71,896
SubTotal (Others)	71,896
Total	122,023

Direct expenses other than fundraising expenses reported on Form 990-EZ, page 1, line 6b.

NAMI OREGON

FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2009

with

REPORT OF CERTIFIED PUBLIC ACCOUNTANTS

CONTENTS

PUTTMAN &
CERTIFIED PUBLIC ACCOUNTANTS
TEAGUE, LLP

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
NAMI Oregon

We have audited the accompanying statement of financial position of NAMI Oregon (a nonprofit organization) as of December 31, 2009, and the related statement of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of NAMI Oregon as of December 31, 2009, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Puttman & Teague, LLP

PUTTMAN & TEAGUE, LLP
Certified Public Accountants

Portland, Oregon
April 29, 2010

5200 SW MACADAM, SUITE 470 • PORTLAND, OREGON 97239-3836 • (503) 221-5117 • FAX: (503) 221-5124
34900 BROOTEN ROAD • P.O. BOX 363 • PACIFIC CITY, OREGON 97135-0363 • (503) 965-6620 • FAX: (503) 965-5196
Member of the American Institute of Certified Public Accountants and the Oregon Society of Certified Accountants

NAMI OREGON
Statement of Financial Position
December 31, 2009

ASSETS:	
Cash and cash equivalents	$ 97,443
Fixed assets	
Furniture and fixtures	11,958
Accumulated depreciation	(11,958)
Net fixed assets	
Other assets	
Prepaid expenses	635
Designated and restricted funds	30,913
Total other assets	31,548
TOTAL ASSETS	$ 128,991
LIABILITIES:	
Accounts payable	$ 7,920
Accrued payable	7,937
Accrued vacation	1,154
Credit card payable	286
Payable to affiliates	1,014
NAMI Northwest Walk 2010	15,050
TOTAL LIABILITIES	33,361
Net assets:	
Unrestricted	89,767
Temporarily restricted	5,863
TOTAL NET ASSETS	95,630
TOTAL LIABILITIES AND NET ASSETS	$ 128,991

See Accountants' Report and Notes to Financial Statements

NAMI OREGON

Statement of Activities

For the Year Ended December 31, 2009

	Unrestricted	Temporarily Restricted	Total
Revenues and support:			
2009 Walk results	$ 146,213		$ 146,213
Less: distribution to affiliates	(71,896)		(71,896)
2009 Walk results, net	74,317		74,317
Other contributions and revenues	275,671	1,200	276,871
In-kind contributions	19,325		19,325
Interest income	161		161
Total revenues and support	369,474	1,200	370,674
Expenses			
Program services	187,519		187,519
Management and general	49,556		49,556
Fundraising	34,866		34,866
Total functional expenses	271,941		271,941
Affiliate support of national programs	15,261		15,261
Total expenses	287,202		287,202
Increase in net assets	82,272	1,200	83,472
Net assets, beginning of year	7,495	4,663	12,158
Net assets, end of year	$ 89,767	$ 5,863	$ 95,630

See Accountants' Report and Notes to Financial Statements

NAMI OREGON
Statement of Functional Expenses
For the Year Ended December 31, 2009

	Program Services					Support Services		
	Support	Education	Advocacy	Outreach	Total Program Services	Management & General	Fundraising	Total
Personnel expenses:								
Salaries	$ 19,935	$ 22,317	$ 14,219	$ 25,018	$ 81,489	$ 11,500	$ 8,600	$ 101,589
Employee benefits	1,810	2,026	1,291	2,272	7,399	2,198	781	10,378
Payroll taxes	2,025	2,267	1,444	2,541	8,277	1,168	874	10,319
Total personnel expenses	23,770	26,610	16,954	29,831	97,165	14,866	10,255	122,286
Other expenses:								
Payroll fee						960		960
Professional fees & independent contractors			24,000	1,216	25,216	13,880		39,096
Affiliate supports	15,788				15,788			15,788
Office supplies and postage		373	120	798	1,291	3,343	444	5,078
Telephone	857	857	857	857	3,428	856	856	5,140
General marketing				4,573	4,573	3,635	3,800	12,008
Occupancy	2,600	2,600	2,600	2,600	10,400	2,600	2,600	15,600
Equipment						428		428
Printing	429	4,612		4,705	9,746	2,332	1,101	13,179
Subscriptions and publications						384		384
Conferences and facilities	614	7,010	115	6,704	14,443	203	15,276	29,922
Travel and entertainment	732	606	673	2,406	4,417	2,845	534	7,796
Insurance						1,891		1,891
Fees			10	1,042	1,052	1,215		2,267
Miscellaneous expenses						118		118
Total other expenses	21,020	16,058	28,375	24,901	90,354	34,690	24,611	149,655
Total functional expenses	$ 44,790	$ 42,668	$ 45,329	$ 54,732	$ 187,519	$ 49,556	$ 34,866	$ 271,941

See Accountants' Report and Notes to Financial Statements

NAMI OREGON
Statement of Cash Flows
Year Ended December 31, 2009

Cash flows from operating activities:	
Cash received from 2009 Walk	$ 146,213
Cash received from other contributions and revenues	276,871
Cash received from interest	161
	423,245
Cash paid to member charities, employees and vendors	(335,597)
Net cash provided by operating activities	87,648
Cash flows from investing activities:	
Increase in designated and restricted funds	(11,200)
Net cash used by investing activities	(11,200)
Net increase in cash and cash equivalents	76,448
Cash and cash equivalents at beginning of year	20,995
Cash and cash equivalents at end of year	$ 97,443

Reconciliation of change in net assets to net cash provided by operating activities:	
Change in net assets	$ 83,472
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Increase in prepaid expense	(635)
Increase in accounts payable	4,811
Net cash provided by operating activities	$ 87,648

See Accountants' Report and Notes to Financial Statements

NOTE A. ORGANIZATION

NAMI Oregon is a statewide grassroots organization that is dedicated to improving the quality of life of individuals living with mental illness, as well as their families and loved ones. Under the umbrella of the National Alliance on Mental Illness, NAMI Oregon serves all Oregonians through their education, support, advocacy and outreach at the state and county levels.

NAMI Oregon provides a toll-free Helpline to answer general questions about mental illness and provides referrals to community resources, and connects callers with local NAMI affiliates. The Organization offers many free education programs and support groups to individuals living with mental illness and their families and loved ones to help strengthen their knowledge of mental illnesses, treatments, and alternatives.

The Organization prioritizes to expand an integrated community system of mental health care; improve community services, such as access to treatment, housing, and employment; investment in improved facilities and care delivery at the Oregon State Hospital; and ensure that people living with mental illness are not incarcerated, but accepted into treatment programs.

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The significant accounting policies followed by the Organization are described below to enhance the usefulness of the financial statement to the reader.

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles and accordingly, reflect all significant receivables, payables and other liabilities.

Basis of Presentation

The Organization has adopted the provisions of Statement of Financial Accounting Standards (SFAS) No. 116, *Accounting for Contributions Received and Contributions Made*, and SFAS No. 117, *Financial Statements of Not-for-Profit Organizations*. Under these provisions, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. *Unrestricted net assets* are not subject to donor-imposed stipulations. *Temporarily restricted net assets* are subject to donor-imposed stipulations that will be met either by actions of the organization and/or the passage of time. *Permanently restricted net assets* are subject to donor-imposed stipulations that neither expire by passage of time nor can be fulfilled or otherwise removed by actions of the Organization. As of December 31, 2009, unrestricted net assets were $89,767, temporarily restricted were $5,863 and there were no permanently restricted net assets.

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires that management make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NAMI Northwest Walk Event

NAMI Northwest Walk event is an annual collaboration between NAMI National, NAMI Oregon and local NAMI affiliates in Oregon and Southwest Washington. The purpose of this event is to raise awareness and funds to support NAMI programs in Oregon and Southwest Washington. Contributions are collected through walkers, event sponsors, and general donations.

Support from campaigns is recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

The Organization received no restricted Walk revenue during the year ended December 31, 2009.

Revenue Recognition

Revenues are received and recognized in the calendar year predominantly from contributions and membership fees. Revenues from annual special events such as NAMI Northwest Walk and New Freedom Award are generally available for unrestricted use in the related event year. Walk revenue received for a subsequent year is deferred and recorded as a liability. At December 31, 2009, the Organization received $15,050 in deferred revenue for NAMI Northwest Walk 2010.

Distributions to Member Affiliates

All Walk revenues are deemed by the Organization to be designated by donors to member affiliates. Contributions received by the Organization are allocated to member affiliates in the following manners:

As specifically designated by the donor, or

Based on an affiliate revenue sharing agreement with NAMI Oregon.

In-Kind Contributions

The Organization receives contributed services from a large number of volunteers who assist in fundraising and other efforts through their participation in a range of programs and activities. In

NOTE B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

accordance with SFAS No. 116, the value of such services, which the Organization considers not practicable to estimate, has not been recognized in the statement of activities. Significant services received which create or enhance a non-financial asset or require specialized skills that the Organization would have purchased if not donated are also recognized in the statement of activities.

During the fiscal year, the Organization received contributed rents from Trillium Family Services, which recorded at a dollar per square foot per month, or $1,300 per month, aggregated to $15,600 at December 31, 2009.

In addition, in-kind contributions of equipment and other materials are recorded where there is an objective basis upon which to value these contributions and where the contributions are an essential part of the Organization's activities.

The Organization recorded $19,325 in contributed rents and materials or goods for the year ended December 31, 2009. No contributed services met the criteria for recognition.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

Capital Assets and Depreciation

Office furniture and equipment are carried at cost, and at market value when acquired by gift. Depreciation is generally provided on a straight-line basis over the estimated useful lives of the respective assets, which is generally 3 to 5 years. Maintenance and repairs are charged to expense as incurred; expenditures for additions, improvements and replacements in excess of $500 are generally capitalized. Donated furniture and equipment is recorded at estimated fair value on the date of donation.

Functional Expenses

The cost of providing various program and supporting services have been summarized on a functional basis in the statements of activities and changes in net assets. Accordingly, certain costs have been allocated among the program and supporting services benefited.

Income Taxes

The Organization is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and comparable state law. Accordingly, no income taxes were required to be provided for in the accompanying financial statements.

NOTE C. RESTRICTED CASH

For purposes of the cash flow statement, cash includes all cash available for use in operations. In addition, NAMI Oregon has the following designated and restricted cash as follows for the year ended December 31, 2009:

Temporarily Restricted:	
Ratliff Scholarship	$ 4,663
Advocacy	1,200
	5,863
NAMI Northwest Walk 2010	15,050
Board Designated:	
New Freedom Award	10,000
	$ 30,913

NOTE D. INVESTMENTS

Funds are currently held at one financial institution in checking and savings accounts. All accounts are insured up to $250,000 per account by the Federal Deposit Insurance Corporation (FDIC). At December 31, 2009, there were no cash balances in excess of the insured limits.

NOTE E. EXPENSES

Expenses are recognized by the Organization during the period in which they are incurred. Expenses which are paid in advance and not yet incurred are deferred to the applicable period.

Program services consist of costs associated with managing, maintaining, and increasing revenue sources for the Organization's state affiliates and member agencies from existing workplace fundraising campaigns; increasing overall recognition and representation of member agencies; and costs that benefit the overall campaign. Management and general expenses consist of costs directly related to the overall operations of the Organization and maintenance of its corporate existence, including general office management, and financial reporting. Fundraising includes those costs associated with accessing new workplace fundraising campaigns.

NOTE F. OPERATING LEASE

The Organization leases its office equipment under a operating lease agreement which expires on April 30, 2015. At December 31, 2009, the aggregate future minimum rentals on a non-cancellable operating lease were as follows:

Years ending December 31,	
2010	$ 1,954
2011	1,954
2012	1,954
Thereafter	2,606
Total	$ 8,468

Aggregate rental under operating lease for the year ended December 31, 2009 amounted to $1,303.

NOTE G: ECONOMIC DEPENDENCY

NAMI Oregon receives 29% of its revenue from a State of Oregon contract. Should this contract be discontinued or reduced, it would have significant impact on the activities of the Organization.

NOTE H: SUBSEQUENT EVENT

FAS 165 issued by the Financial Accounting Standards Board requires accounting and disclosure for subsequent events. Subsequent events have been evaluated through April 29, 2010, which is the date the financial statements were available to be issued. This date coincides with the audit report date and management representation letter.

NAMI

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	NAMI - OREGON	93-0875209
	Number, street, and room or suite no. If a P.O box, see instructions. 3550 SE WOODWARD ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND OR 97202	

Check type of return to be filed (file a separate application for each return):

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ STAN BAUMHOFER

Telephone No. ▶ 503-230-8009 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning , and ending

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.